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PTO/SB/50 (08-00)
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REISSUE PATENT APPLICATION TRANSMITTAL

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Address to:	Attorney Docket No.	501.32049RV1			
Assistant Commissioner for Patents	First Named Inventor	Yujiro KAJIHARA			
Box Reissue	Original Patent Number	5,637,913			
Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	10 June 1997			
	Express Mail Label No.				
APPLICATION FOR REISSUE OF: (Check applicable box) X Utility Patent	Design Patent	Plant Patent			
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS				
1. X Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification and Claims in double column copy of patent format (amended, if appropriate) 4. X Drawing(s) (proposed amendments, if appropriate) 5. X Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned? X Yes No (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53) X 37 C.F.R. § 3.73(b) Statement Power of Atternory	7. X Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c). 8. Original U.S. Patent for surrender Ribboned Original Patent Grant Statement of Loss (PTO/SB/55) 9. X Foreign Priority Claim (35 U.S.C. 119) (if applicable) 10. X Information Disclosure Statement (IDS)/PTO-1449 Citations 11. English Translation of Reissue Oath/Declaration (if applicable) 12. X Preliminary Amendment 13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Other: Form PTO-2038				
(PTO/SB/96)					
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15. CORRESPONDENCE AL Customer Number or Bar Code Label 020457	as not a mount of magnetic and specific				
Customer Number or Bar Code Label 020457 (Insert Customer No. or Attach	bar code label here)	pondence address below			
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 501.32049VR1						
Claims as Filed - Part 1												
Claims in Number File					(3)	SmallE	ntity Other than a Small Entity					
Patent			Application		ber Extra	Rate	Fee		Rate	Fee		
1	Total Claims (37 CFR 1.16(j))	(B)	11	***	0 =	×\$=		or	x\$ <u>18</u> =		0	
(C) 1	ndependent claims (37 CFR 1.16(i))	(D)	4	*	0 =	x \$=		٥.	x \$ <u>84</u> =		0	
Basic Fee (37 CFR 1.16(h)) \$ \$											<u>_74</u> 0	
Total Filing Fee \$ OR \$ 740												
Claims as Amended - Part 2												
	(1)			(2) (3)					Other than a Small Entity			
	Claims Remaining After Amendment		Highest Nur Previous Paid Fo	ly	Extra Claims Present	Rate	Fee		Rate	Fee		
Total Claims (37 CFR 1.16(j)	***	MINUS	**		* =	×\$=			x \$	=		
Independent Claims (37 CFR 1.16(i))	***	MINUS	****		=	x \$=			x \$	=		
					Total Ac	ditional Fee	\$		OR	\$		
* If the entry in (D) is less than the entry in (C), Write *0* in column 3. ** If the *Highest Number of Total Claims Previously Paid For* is less than 20, Write *20* in this space. *** After any cancellation of claims. *** If *A* is greater than 20, use (B - A); if *A* is 20 or less, use (B - 20). **** "Highest Number of Independent Claims Previously Paid For* or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge DepositAccount No												